



LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES January 24, 2012

Approved
2/28/2012

P&P MEMBERS PRESENT	P&P MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Al Ballesteros, <i>Co-Chair</i>	Anna Long	Miguel Fernandez	Jane Nachazel
Bradley Land, <i>Co-Chair</i>	Quentin O'Brien	Lindsay Gilchrist	Glenda Pinney
Douglas Frye	Carlos Vega-Matos	Miki Jackson	Craig Vincent-Jones
David Kelly		Luke Klipp	Adriane Wynn
Ted Liso		Andi Lovano	
Abad Lopez		Juan Rivera	
Tonya Washington-Hendricks		Scott Singer	DHSP STAFF
		Jason Wise	David Young

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Joint Priorities and Planning (P&P) and Standards of Care (SOC) Committees Meeting Agenda, 1/24/2012
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 11/29/2011
- 3) **Spreadsheet:** Grant Year 21 Ryan White Part A, Single Allocation Model (SAM) Care and MAI Expenditures by Service Categories as of November 30, 2011, 1/23/2012
- 4) **Summary Key:** Ryan White Parts A and B and MAI Expenditures by Service Categories, 7/14/2011
- 5) **Table:** Consolidation of Service Categories, 12/8/2011
- 6) **Policy/Procedure:** No. 09.5203: Priority- and Allocation-Setting Framework and Process, 5/12/2011
- 7) **Flowchart:** Priority- and Allocation-Setting (P-and-A) Process Timeline – Year 1, 5/12/2011
- 8) **PowerPoint:** FY 2013 Priority- and Allocation-Setting Process: Paradigms and Operating Values, 1/24/2012

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:40 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order with Item 10.A. moved prior to Item 7 (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 11/29/2011 Priorities and Planning (P&P) Committee Meeting Minutes (***Passed by Consensus***).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** Mr. Vincent-Jones indicated that he would work with LA Care to arrange for a future presentation on telehealth.
6. **CO-CHAIRS' REPORT:**
A. Nominations: Co-chair nominations were opened for one month. Mr. Kelly nominated Messrs. Land and Ballesteros.
7. **FY 2012 FINANCIAL EXPENDITURES:**
A. SAM Care/Part B Underspending: Attendees identified their conflicts-of-interest.

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- Mr. Vincent-Jones noted recommendations to DHSP for the Part A grant were approved 11/29/2011. These were completed first as the Part A term is 3/1/2011-2/29/2012 versus the SAM Care/Part B term of 7/1/2011-6/30/2012.
- Mr. Young noted SAM Care/Part B schedule expenditures through 11/30/2011 reflect two key underspent categories.
- One Early Intervention Services (EIS) provider was re-assigned to Part A because its services are more consistent with Medical Outpatient. That contract represents \$587,262, leaving just one other contract, for \$200,000, in the category.
- There is no contracted provider for the \$590,446 allocated to the Hospice/Skilled Nursing Facility service category. Mr. Vega-Matos is reviewing service options, but services under this particular category would require an RFP.
- Mr. Vincent-Jones added that Home-Based Case Management and Home Health Care Standards of Care are being consolidated into Home-Based Care.
- The Minority AIDS Initiative (MAI) supports Oral Health Care; Case Management, Medical (Medical Care Coordination); and EIS service categories. The total allocation of \$3,851,429 includes the YR 21 award of \$3,177,249, plus \$269,785 in MAI YR 3 (August 2009 to July 2010) rollover and \$404,395 in YR 20 (3/1/2011 to 2/28/2012) rollover approved by HRSA.
- Current spending patterns anticipate underspending of \$910,992 by 2/29/2012, but Oral Health Care contracts are going to the Board for approval and are expected to absorb the funds. DHSP anticipates HRSA approval of a fund rollover. DHSP would have to work quickly to expend funds if the rollover was not approved, but approval is anticipated.
- The Summary schedule reflects all funding, including Net County Cost (NCC) and other State funding. Due to varying grant terms, actual expenditures are not listed and allocations reflect grants that fall within 7/1/2011 and 5/30/2012.
- The re-organization of programs into DHSP does not affect administrative costs since DHSP staff complete time surveys to allocate costs for activities.
- Mr. Young noted SAM Care/Part B underspent funds can be re-allocated to any SAM Care/Part B or matching Part A allocated service categories. Re-allocation to Part A would be after this grant year ends on 2/29/2012 as this year is maximized. It is best to limit the number of categories identified as State budget modifications are difficult.
- Mr. Vincent-Jones noted there are four potential approaches: 1) fully expending SAM Care/Part B is preferable, but not possible; 2) re-allocating to specific SAM Care/Part B categories; 3) SAM Care/Part B funds could be shifted to maximize resources for other service categories, but that would contradict last year's motion to guarantee the same level of NCC funding for care services, which has declined over time; 4) re-allocating funds from SAM Care/Part B to the FY 2012 Part A grant term.
- SAM Care/Part B does not have to meet the 75% core medical/25% support service minimums required for Part A services. The State must verify that all Tier 1 service needs are met prior to increasing Tier 2 services, but local jurisdictions do not.
- Mr. Singer asked what approvals were needed to shift funds. Mr. Vincent-Jones said NCC funds are used to fill in any funding gaps at the end of the year. Shifting funds to Part A would usually require an increase in services, which is limited by contract authorization. Mr. Young said DHSP is able to maximize SAM Care/Part B, but seeks Commission input.
- Mr. Klipp asked if SAM Care/Part B funds might help with Low Income Health Program (LIHP) migration issues. Mr. Vincent-Jones said it might, but the Ryan White grant is likely to be late again and LIHP will not begin until 7/1/2012, so there are uncertainties, especially regarding LIHP. Meanwhile, SAM Care/Part B funds must be expended by 6/30/2012.
- Mr. Young noted that NCC Maintenance of Effort (MOE) funds must be spent to the precise dollar.
- ➡ Mr. Young will add a column next year for percentage of adjusted allocations.
- ➡ Mr. Young will verify utilization of the \$150,000 in NCC funds allocated to Case Management, Medical.
- ➡ Mr. Vincent-Jones and Mr. Young will develop options for each scenario that do not reduce NCC care support and identify potential service increases. Options will return to the 2/28/2012 P&P meeting to inform recommendations.

MOTION #3: Approve the SAM Care/Part B underspending plan, as presented (**Postponed**).

8. FY 2013 PRIORITY- AND ALLOCATION-SETTING (P-AND-A):

A. Priority- and Allocation-Setting Framework:

- Mr. Land noted the Policy/Procedure and timeline in the packet. This is the first year of a two-year cycle in which the P&P and SOC Committees set the P-and-A process framework, including paradigms and operating values for the next two years. Recommendations are forwarded to the Commission for approval and Commissioners sign a pledge of support.

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- The preferred timeline for Year 1 is to ensure decisions are made in time for DHSP to implement them. It is adjusted per circumstances as needed. While about two months behind the ideal, the process is closer to the ideal than before.
- LACHNA is presented prior to priority ranking, which is based solely on need. Service utilization is presented prior to setting allocations, which is used with other data and priorities. The Epidemiological Profile primarily informs directives.
- Priorities will be ranked for the 16 consolidated service categories. The SOC Committee consolidated standards to facilitate integration of related services and simplify adoption by other care systems.
- Current priorities listed are for the highest ranked among each set of consolidated standards. Allocations can be made to a category as a whole or may identify percentages for specific services within it. DHSP must contract services consistent with priorities, allocations, directives and standards of care. The Commission may not address contracting.
- ➡ Mr. Vincent-Jones will advise DHSP that the timeline has been delayed since their service utilization report will not be available for P&P presentation until the April meeting. DHSP will need to make up the time during implementation.
- ➡ Change to Timeline: Delete #19, Review Geographic Estimate of Need (GEN), funding thresholds.
- ➡ Recommend following timeline and forward to Commission for approval:
 - ✍ *January:* LACHNA Report, completed;
 - ✍ *February:* Epidemiological Profile;
 - ✍ *April:* Service Utilization Report;
 - ✍ *May:* Priority Ranking (may require additional meetings);
 - ✍ *June:* Allocation-Setting (may require additional meetings);
 - ✍ *July:* Determine Directives.
- ➡ Staff will update service definition list in lieu of service category consolidations.
- ➡ Agreed to list consolidated categories alphabetically for priority ranking and not list current priorities.

B. Paradigms and Operating Values:

- The two-year P-and-A process was adopted last year. Paradigms/operating values are selected in Year 1 for both years.
- Paradigms are the ethical perspective or world view used to inform decisions. Selecting paradigms before making decisions is especially helpful in community planning, which brings people with varying world views to the table. Coming to consensus on key paradigms provides a common reference for difficult decisions.
- There are two paradigm groupings. Those that pertain to caring are: absolute inclusion, nuanced inclusiveness, and risk equalization. Those that pertain to justice are: equality, equity, fairness, altruism, compassion, chance, coercion, utilitarianism, rights and duties, retributive justice, distributive justice, merit, market, and fidelity.
- Operating values guide the decision-making process itself rather than informing decisions. They are: efficiency, survival, quality, fidelity, beneficence, non-maleficence, advocacy, access, barriers, and representation.
- Previous paradigms are: 2009-2011, equity and utilitarianism; 2009-2010, nuanced inclusiveness; and 2011, compassion. Previous operating values are: 2009-2011, access, efficiency, and quality; and 2009-2010, representation.
- ➡ Agreed to select paradigms and operating values at the 2/28/2012 P&P Committee meeting. Following those selections, P&P will determine whether provider forums and/or surveys will be part of the process.
- ➡ Ms. Pinney will send a letter advising contracted providers of the P-and-A process start and inviting them to attend.

9. FY 2012 WORK PLAN:

- A. **Resource Analysis Subcommittee:** This item was postponed to the 2/28/2012 P&P Committee meeting.

10. ONGOING ACTIVITIES REPORT:

A. Nutrition Support Study:

- Ms. Wynn reported the study has been distributed to 535 providers with 26 surveys completed to date and 114 in various stages of completion. Staff is focusing on assisting those providers that have begun surveys to complete them.
- Some had problems with the online survey, which prohibits going forward if percentages do not total 100%. That has been fixed. Ms. Washington-Hendricks had no problem until attempting to re-enter the survey after saving.
- It was planned to close the survey 2/27/2012, but it can be extended to allow more providers to complete it.
- ➡ Mr. Wynn will send a clarification to providers to ensure they are aware the computer issue was fixed.

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B. Hospice and Skilled Nursing Study: This item was postponed.

C. Comprehensive HIV Planning: This item was postponed.

11. NEXT STEPS: There was no additional discussion.

12. ANNOUNCEMENTS: There were no announcements.

13. ADJOURNMENT: The meeting adjourned at 4:35 pm.